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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: 2001\_0688A

First Named Inventor : Shunichi NAGAMOTO et al.

Title: MEDICAL CHECKUP NETWORK SYSTEM

Express Mail Label No.:

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☐ Small Entity Status is hereby asserted.
3. ☒ Specification [Total Pages: 77]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Sequence Listing, a table, or a computer program listing appendix.
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets: 15]
5. ☒ Oath or Declaration [Total Pages : 3]
- a.1. ☐ Newly executed (original or copy)
- a.2. ☒ Unexecuted
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named  
in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet (see 37 CFR 1.76)
7. ☐ CD-ROM or CD-R in duplicate, large table or computer program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)  
☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other **COVER LETTER FOR APPLICATION FILED WITHOUT EXECUTED DECLARATION**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below, and in a preliminary amendment, or in an Application Data Sheet :

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS



000513

PATENT TRADEMARK OFFICE

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May 31, 2001

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEE FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of :  
Shunichi NAGAMOTO et al. :  
Serial No. NEW : Attn: APPLICATION BRANCH  
Filed May 31, 2001 : Attorney Docket No. 2001\_0688A  
MEDICAL CHECKUP NETWORK SYSTEM

**PATENT OFFICE FEE TRANSMITTAL FORM**

Assistant Commissioner for Patents,  
Washington, DC 20231

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Sir:

Attached hereto is a check in the amount of \$998.00 to cover Patent Office fees relating to filing the following attached papers:

New application ..... \$710.00  
Assignment for Recordal ..... \$  
Additional Claims Fee:  
Excess of Twenty ..... \$288.00  
Independent ..... \$  
Multiple Dependent Fee ..... \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Shunichi NAGAMOTO et al.

By Michael S. Huppert  
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[Check No. 44723]

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